

where the surgeon's heel is represented in the axilla; and moreover, where he describes this method, he says, "I have in many instances extended from the wrist by binding a handkerchief just above the hand, but more force is required in this, although it has the advantage of the bandage being less liable to slip."

Allan remarks, "that by adopting the practice of Desault and the French surgeons, we are in great danger of injuring the elbow, or wrist joint, or both; besides, by extending the forearm, we put the long head of the biceps on the stretch, which will not only produce great pain, but impede reduction."

Mr. Syme, of Edinburgh, says, "that the force may be applied, so as to act either directly on the bone itself, or on a part of the limb separated from it by one or more articulations." It has been objected to the former mode, that it causes compression of the muscles opposed to reduction; and to the latter, that by keeping the limb straight, it is still more adverse to their yielding. It does not appear, however, that any practical inconvenience is experienced in either of these ways. The former method is on the whole more convenient in most cases.

Petit, Duverney, and others, with Pott, affirm, "that in dislocations in general, the extension and counter-extension must be made upon those very bones that are disjoined, and not upon those next to them; as all the force which is applied to the bone below must necessarily be lost in the articulation which is not luxated, and of little or no service to that which is. This is owing to the yielding nature of the joint."

M. Sedillot also, after describing his apparatus for reducing dislocations, adds, "the projection of the condyles renders extension much more easy at the elbow than at the wrist, where we always press on the styloid process of the radius and ulna, and moreover cause great pain. These motives, joined to that of the traction, being more direct, led me to adopt it, in spite of the imaginary inconvenience of compressing some of the fibres of the biceps and triceps muscles."

On the other hand, some of the best surgeons in France, among whom we number Fabré, D'Apony, Desault, Boyer, Richerand, Leveillé, Malgaigne, and Velpéau; White, of Manchester, and Crampton, of Dublin; advise the extending force not to be applied on the luxated bone, but on that with which it is articulated, and as far as possible from it. They affirm that this plan has the advantage of not compressing the muscles that surround the dislocated bone, nor exciting them to spasmodic contractions, which would resist reduction, and moreover that the extending force is much more considerable than in the other mode, since, by using a long lever, we obtain a greater degree of power.

This method was not so generally adopted, until

M. M. Fabré and D'Apony pointed out its apparent advantages, and rendered its employment more systematic. Ambrose Paré, who was opposed to it, writes that it was familiar to the chimney-sweeps of his day; but this by no means depreciates the value of the method, since our most valuable and successful measures are those derived from the ignorant.

The muscles which they by this means avoid pressing or exciting, are those which proceed from the shoulder to the forearm, or from the pelvis to the leg.

Boyer asserts that surgeons failed, from applying extension and counter-extension directly on the bones displaced, and hence the numerous inventions which all fell into disuse after Fabré and D'Apony demonstrated the utility of applying these forces as far as possible from the seat of luxation.

Mr. Crampton says, in Dublin, as in Paris, and in Paris as in Germany, generally we apply our extending power to the forearm, in preference to the arm. The application is far less painful, and the surgeon has more power in directing the motions of the limb.

The arguments hitherto advanced against the application of the extending force on the bone luxated, therefore, are these:—The non-compression of the muscles which surround the bone, rendering the extension more considerable, diminishing pain, and increasing the length of the lever.

In its favour: that it is more convenient, prevents the extending force being lost in the intermediate joint by the yielding of the ligaments, admits of the biceps being relaxed, and causes less pain.

CASE OF TRAUMATIC TETANUS—EXHIBITION OF THE EXTRACT OF INDIAN HEMP (CANNABIS INDICA)—DEATH—AUTOPSY.

By JAMES INGLIS, M.D., Halifax.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I believe that no one can leave the bedside of a tetanic patient without a regret that, after having done much to alleviate, so little ultimate good can often be effected, and that although pain itself may be subdued, yet that the disease too surely progresses, and is finally to conquer. Under such a feeling I am induced to transmit for insertion in your Journal the following case, being persuaded that it is no less our duty to report our cases of failure than those of success; for the case which terminates fatally, may be made, in reference to others of a similar nature, as a beacon to warn and as a light to guide.

Such prefatory remarks I am led to make, from having lately observed in the *Lancet*, of the 14th of December, 1844, an excellent report of a case of tetanus, terminating fatally, at Guy's Hospital, after the exhibition of the Indian hemp, in hitherto unequalled

doses. Had I seen this case previous to the administration of it in the case following, I should have advised, after deciding upon the treatment, the use of the extract in much larger doses at the very commencement than we gave, and perhaps should not have been induced to trust so implicitly to it, although I now feel satisfied that any other mode of treatment would have proved, in this instance, equally ineffectual.

CASE.—John Fourness, aged 42, a stone-mason and night-watch, married, residing in Lilly Lane, Halifax, received, on Thursday, the 9th January, 1845, an injury upon the middle finger of the right hand, by the falling of a grave-stone, which crushed and fractured the first phalanx. He immediately applied to a surgeon, who dressed the wound, recommending, at the same time, I believe, the removal of the finger. On the Sunday following, he went and had it again dressed, and for the third time, on Tuesday, the 14th. From this period he made no further visit to his surgeon, until he applied on Tuesday, the 21st, to Mr. Swallow, of this town, with whom I then saw the case.

We found him in bed, complaining excessively of severe pain in the muscles of the jaw and neck; the head was drawn forcibly backwards, and the jaw completely locked; the eye-lids were rigid and semi-closed; the pupils contracted; the recti muscles of the abdomen rigid. The bowels had not been moved since Saturday, and he had passed no urine for two days; we could not see the state of the tongue; pulse 110; the tetanic paroxysms occurring every five or ten minutes.

Notwithstanding the injury of the finger, he had continued on duty as a night watchman even up to Sunday morning, the 19th, when the pain of the face and neck commenced. This had increased in severity till the time we saw him, when he expressed it as excruciating, and begged of us, if possible, to relieve the jaw. We immediately informed both himself and his relatives of his danger, and Mr. Swallow recommended that he should be taken to the Infirmary. This proposition being declined, we then determined, first, upon relieving the bowels, and then upon the exhibition of the gunjah.

The case I shall now report from my bed-side notes, taken during each visit.

Tuesday, January 21, 2, p.m. To have immediately an enema of turpentine and castor oils, of each two ounces, in a pint of gruel.

5, p.m. The enema retained; has taken a grain of the extract—no effect; pulse 130.

7, p.m. Enema has caused a copious evacuation of hardened scybala; has made a small quantity of high-coloured urine, which deposits a lateritious sediment, re-soluble by hot water. Repeat the enema, with the addition of three drachms of tincture of assafoetida. To have a grain of the gunjah in tincture.

10, p.m. Pulse 120; skin warm; perspiration on head and face; enema retained; complains of hunger; to have some wine and beef-tea, or broth. Repeat the enema, and also the gunjah.

12, night. Repeat the gunjah.

Wednesday, 4, a.m. Complains of great pain; no appreciable alteration observed. Two grains given.

9, a.m. Bowels not moved. Repeat the enema.

11, a.m. Enema returned, followed by a small fetid evacuation, natural in appearance; very little effect from the gunjah; has passed about eight ounces

of urine, which smells strongly of the turpentine; body bent forcibly backwards, and arched from the back of the head to the sacrum; the arms and legs are flaccid, and he retains complete power over them; pulse 108. Repeat the enema of assafoetida and turpentine. Three grains of the gunjah given.

3, p.m. Expresses himself now as easy and free from pain; is perfectly sensible; there is still great rigidity of the muscles of the back; he seems, however, able to swallow better; the enema has been retained. Three grains of gunjah repeated.

7, p.m. Bowels not yet moved; can open the jaw rather wider; expresses himself as "very well," except that on each movement of the hand, the finger gives him great pain, and this seems to irritate him; pulse 108; skin warm, moist and soft; has just taken three more grains of the extract; deglutition very difficult; bowels slightly relieved during the convulsive attempt to swallow. After some effort, has made about six ounces of urine. Mr. Swallow has removed the injured portion of the finger.

(Urine.—Temperature, 60° Fahrenheit; sp. gr. 1.040; copious precipitation of albumen on addition of bichloride of mercury; acid re-action on litmus paper.)

11, p.m. Feels comfortable. Repeat three grains of the gunjah.

Thursday. 9, a.m. Since eleven last night, has taken six grains, in separate doses of three grains each; rambled very slightly during the night; is now perfectly collected, and talks calmly of his state; says he is without pain; opisthotonos is becoming more decided; perspiration profuse over the whole surface; bowels still unmoved.

11, a.m. There appears peculiar sensibility of the skin; the hearing is particularly acute; perspiration rather less; bowels confined; tetanic symptoms increase. To have immediately four grains of the extract, and a scruple of calomel. The attempt to swallow this brought on a frightfully violent convulsion, with rigid spinal recurvature; the arms and legs now partook of the tetanic contraction; eye-lids forcibly closed; eye-balls, when examined, drawn upwards; pupils contracted, and unaffected by light; respiration quite suspended. At this juncture, on applying the ear to the chest, the heart was heard faintly to beat; the wrist was pulseless. He remained in this condition for full three minutes, during which time we had recourse to continued unabated efforts to compress and dilate the chest by manual force; at length, deep, difficult, and interrupted inspirations, at long intervals, were obtained, and very gradually respiration was re-established. On recovering from this paroxysm the pulse was 120, and soon became full; all the muscles of the body became suddenly relaxed, and he could without difficulty open the jaw at least half an inch. By no persuasion could we get him now to take anything by the mouth; we had therefore to have recourse to enemata.

3, p.m. Has taken a little broth with much difficulty. Pulse 104; full and soft; respirations 31 in the minute; surface of body warm, moist; pupils natural; is quite conscious; says he feels "very well." Has had an enema, with two drachms of tincture, containing eight grains of the extract of gunjah.

5, p.m. No improvement; pulse 108. Another

enema given, containing tincture equivalent to twelve grains of the extract.

11 p.m. Pulse 120; respirations 37; skin hot and moist; can open the jaw a little; tongue dark, but moist; quite sensible; says that he feels no pain, and makes the same reply even when convulsed; he complains of hunger and thirst, but cannot swallow much from the recurrence of the paroxysms; he moves the arms and legs when told to do so; had a small evacuation after the last enema. There is no priapism, neither has there been any tendency to it throughout the case. To have a broth enema, with tincture, containing six grains of the gunjah. A piece of cloth was now soaked in strong liquor ammoniac, and applied along the cervical spine, which, upon vesicating, was removed, and an ointment, consisting of two drachms of axunge, and a scruple of extract of gunjah, placed upon the vesicated surface.

We left him at about twelve o'clock, after which time he remained during the night in full possession of his senses, expressing himself to his family as most comfortable, both in mind and body. He continued to speak in the same collected manner till within three minutes of his death. The paroxysms continued unabated during the night, and although the muscles became flaccid before death, he was taken off in a tetanic convulsion, at nine o'clock on the morning of the 24th.

I am, Sir, yours, &c.,

JAMES INGLIS.

Halifax, Feb. 8, 1845.

(To be continued, with some remarks upon the extract of gunjah of the druggists.)

ASCITES, THE RESULT OF PERITONEAL INFLAMMATION—SUDDEN DEATH.

At three p.m., on the 19th of January, I was desired to visit A. F., aged 11. I found her in a state of collapse; pulse at the wrist scarcely to be felt; extremities cold; countenance livid. She was quite sensible, and complained of pain over the abdomen, which was full, and evidently contained fluid. The pain was not increased by pressure. Stimulants were administered. Three hours after the visit she was dead.

The parents gave the following history of the case:—In August last she had an erysipelatous affection of one leg, which disappeared after the use of some aperient medicines. Soon after, she began to complain of pain over the abdomen, with loss of appetite. The pain was never severe, neither was her general health so much disturbed as to confine her to the house, or to induce her friends to apply for medical advice. After five or six weeks, her body began to enlarge, she had thirst, and became indifferent to motion, and was soon fatigued by any bodily exertion. The abdominal pains were now trifling, recurring only at intervals. She continued in this state till December, when she left home. During her absence her appetite improved, but her body continued large, and her strength declined. She returned to her friends on the 17th of January. On the 18th she ate a hearty dinner with the family, and seemed better than usual. At five p.m., about four hours after dinner, she was seized with violent pain over the abdomen, and vomiting.

She was fomented, and had some aperient medicine. The symptoms continued, till collapse ensued and death, twenty-five hours after the development of the acute affection.

The body, not emaciated, was examined twenty hours after death. The abdomen contained several pints of lemon-coloured serum. There was a marked rose tint of the peritoneum covering the small intestines; and some patches of jelly-like lymph, of old date, were scattered here and there over the mesentery. The peritoneum elsewhere was white and pale. The stomach and small intestines contained a quantity of partially digested food. The other viscera were healthy.

It is a question whether the erysipelatous affection of the leg, which was said to have disappeared suddenly, and was followed by the abdominal pains, had any share in the production of the primary peritonitis. We know too little of the laws which govern the translation of disease, to determine this point with precision.

How few symptoms announced the peritonitis and the presence of so large an effusion. The manner of death also is instructive. The nervous system, already exhausted by the presence of disease, of, and about, important organs, a slight additional irritation (the recent peritonitis) speedily extinguished life.

February 6, 1845.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 19, 1845.

Throughout the whole course of the proceedings in reference to the great questions now engaging the attention of the profession, there has been nothing more inexplicable than the wilful blindness, evinced by the Council of the Royal College of Surgeons, to the position in which they are placed. Foremost in the list of the institutions which received the attention of Government on this occasion, with a charter newly granted to them, defective, partial, and exclusive, it is true, in several of its provisions, but yet admitting, and apparently intended to admit, of the most liberal construction in respect to its existing members, we yet observe this Council attempting to perpetuate, only on a more extended scale, and in a more offensive mode, the very evils to which the remonstrances of the numerous body whose interests had been intrusted to their care, had compelled attention, and for the removal of which the new charter was professedly granted.

We intend not to excite anew the feeling which the monstrous injustice thus inflicted on the mass of the members of the College has given rise to. On the contrary, it is with the deepest regret